227353

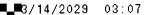
STATE OF SOUTH CAROLINA (Caption of Case) (Captio	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET DOCKET NUMBER: 2010 - 405 - T If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Submitted by: James S: 5400	Telephone: 814-760 - 1444-564-953-2521
Anderson S.C 29625	Fax: \(\frac{964 - 760 - 1446}{}. \) Other:
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service be filled out completely. NATURE OF ACTION	Commission of South Carolina for the purpose of docketing and must
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request to Amend Passenger Limit Request DECTOR
Application - Class C Stretcher Van	Exhibit DEC 1 6 2010
Application - Class E Household Goods	
Application - Class E Hazardous Waste	CLERK'S OFFICE
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Reservation Letter Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.









PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210 (Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

polication is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision. S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto. James Sison dba Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade in Need - A - Cab 307 W Church 5+ Anderson Sc 29624 Street Address of Applicant if different from street address Mailing Address of Applicant if different from street address Mailing Address of Applicant if different from street address Phone Fax Jimyriss ** 35 3 yahoo.com Email Address If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach S Secretary of State "Foreign Corporation" Certificate.) Select Entity Type: (Check one) Mindividual Owner/Sole Proprietorship Partnership - List names and address of all person having an interest in the business. Corporation - List names and addresses of two principal officers.				Date: 13-1	16-2010
S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto. James Sison dba Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade n Need - A - Cab 307 W Church S+ Anderss of Applicant Mailing Address of Applicant if different from street address Mailing Address of Applicant if different from street address Mailing Address of Applicant if different from street address Phone Phone Fax Servet Address 864-760-1446 Phone Fax Servet Address Fax Servet Address Servet Address Servet Address Fax Servet Address Fax Servet Address Fax If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach Secretary of State "Foreign Corporation" Certificate.) Select Entity Type: (Check one) Individual Owner/Sole Proprietorship Partnership - List names and address of all person having an interest in the business.	LASS C - TAXI				
Mailing Address of Applicant if different from street address No. 1444 Cell 933-2525 Phone Fax Fax Fax Fax	S.C. Code Ann., Name under which	\$ 58-23-10, et seq. (1976) mes h business is to be conduct	6), and amendments the Sison ed (corporation, partners)	y dba	nip, with or without trade na
Mailing Address of Applicant if different from street address No. 1444 Cell 933-2525 Phone Fax Fax Fax Fax	307	W Church	Street Address of App	rson SC (29624
Phone Phone Phone Fax Select Entity Type: (Check one) Individual Owner/Sole Proprietorship Partnership - List names and address of all person having an interest in the business.					
Email Address If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach S Secretary of State "Foreign Corporation" Certificate.) Select Entity Type: (Check one) Individual Owner/Sole Proprietorship Partnership - List names and address of all person having an interest in the business.					
Email Address If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach S Secretary of State "Foreign Corporation" Certificate.) Select Entity Type: (Check one) Individual Owner/Sole Proprietorship Partnership - List names and address of all person having an interest in the business.	niess - 864	1-760-1444-6	ell 933-2525	864	- 760-1446
If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach S Secretary of State "Foreign Corporation" Certificate.) Select Entity Type: (Check one) Individual Owner/Sole Proprietorship Partnership - List names and address of all person having an interest in the business.		Phone			Fax
If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach S Secretary of State "Foreign Corporation" Certificate.) Select Entity Type: (Check one) Individual Owner/Sole Proprietorship Partnership - List names and address of all person having an interest in the business.		1 imay	risson 35 9 yal	ios, com	
Select Entity Type: (Check one) Individual Owner/Sole Proprietorship Partnership - List names and address of all person having an interest in the business.			Email Address		
Individual Owner/Sole Proprietorship Partnership - List names and address of all person having an interest in the business.				ached. (If incorporate	d outside of SC, attach SC
Partnership - List names and address of all person having an interest in the business.			nip		
<u>-</u>	Partnershir	- List names and addre	ss of all person having	an interest in the bus	iness.
			_		
	Corboratio	i Pioi namos and addie	and of the burnshar or		
			-141		

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month

Pec Year Z010

Assets:

ASSUS.	
Cash	0
Receivables	0
Real Estate	500 amonth, on Rent
Buildings and Equipment (Net)	1,500 office supplies
Motor Vehicles (Net)	1,500 of the supplies 97 Forderownic # 1,840
Garage Equipment (Net)	D
Machinery and Tools (Net)	0
Supplies on Hand	ALOO, or office supplies.
Prepaids and Other Assets	0
Total Assets	\$4,440.
Liabilities and Equity:	
Accounts Payable	0
Notes Payable	0,
Mortgages Payable	Rent 500.00 anorth Rent.
Equipment Obligations	6-
Accrued Salaries and Wages	O
Other Accrued Obligations	0
Other Liabilities	
Total Liabilities	O
Capital Stock	&-
Retained Earnings	0
Total Equity	10-
Total Liabilities and Equity	<i>←</i>

PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

1.75. Flag Prop. 225 a mile 18,00 how

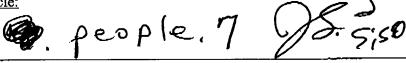
Waiting time. to serve the Anderson

Co. and give the Senior's a 10% diagount.

Counties to be Served:

State Wide

Maximum Number of Passengers per Vehicle:



DESCRIPTION OF EQUIPMENT

		VIN#	WEIGHT EMPTY	CAPACITY_
MAKE	YEAR & MODEL	V IIVIII		, 4
97	Ford Crown V	C. (ZFALP]IV	N8NX 116612 JO3"	1 7
			<u></u>	
•				
		·		
<u> </u>				
	<u> </u>	- 10- 10- 10- 10- 10- 10- 10- 10- 10- 10		
			. <u></u>	
1				

INSURANCE QUOTE

his form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

The following insurance quote is for:
James Sison don Need A CAB
Name of Motor Carrier
307 W. Church St. Anderson, SC 29624
Address of Motor Carrier
Amount of Premium: Limits Quoted: (See Below)
Liability Insurance \$ 1946.00 Limits 50,000 / 50,000
The above quoted premium is for a term of months.
Minimum Limits - Intrastate Only:
1-7 Passengers \$ 25,000/50,000/25,000 ~
8-15 Passengers \$ 25,000/100,000/25,000
Jower Insurance Company of New York Name of Insurance Company
120 Broadway, 31st Floor New York, NY 10271
I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.
12-16-10 Robert Holi - Benefit Source Inc. Authorized Insurance Company Representative's Signature
NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

therewith?

Yes

O No

Exhibit FWA

Need-A-Cab of Anderson S.C.
Name of Applicant

Exhibit on Driver Qualifications

1.	Applicant understands	that all drivers must be a minimum of 18 years of age.
	⊘ Ycs	○ No
2.	and such record from	that a certified copy of the driver's three (3) year driving record issued by the SC DMV he DMV of the state in which the driver is or has been domiciled for such period must pplicant's business office.
	⊗ Yes	○ No
3.	Applicant understand must be maintained i	that a criminal history background check from the state where the driver currently lives the Applicant's business office.
	© Yes	○ No
4.	Applicant understand their possession whe state of residence of	that all drivers operating a vehicle under a Class C Taxi Certificate must have in operating a charter vehicle, a valid driver's license issued by the SC DMV or the currence de driver.
	Yes	○ No
5.	vehicles to drivers w	s that all Class C Taxi Certificate holders are prohibited from employing or leasing to are registered, or required to be registered, as sex offenders with the South Carolina and Division or any national registry of sex offenders. No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

|--|

COUNTY OF

Anderson

Applicant's Signature

I, James 5:500

ow ner

of Tames Sisan d

dba .

A CAB

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Signature of Applicant's Representative

//SWORN TO BEFORE ME

This Off day of s

De Cempo 20

Commission Expires

My Commission Expires 6-25-14